

NEBRASKA WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE  
P O Box 94600  
Lincoln, NE 68509-4600

Phone: (402) 471-9935  
Fax No: (402) 471-9994

APPLICATION FOR AN UNEMPLOYMENT INSURANCE  
ACCOUNT NUMBER

Official Use Only		
File Locator Number		
Liabic Number		
Predecessor's Liabic Number		
Liab/merge date	Qualify Yr/Qtr	Reviewer

1. Legal Name (Individual, Partnership, Corporation)

2. Trade Name Doing Business As, (List all Names)

3. Mailing Address

a

Street

c

City

c

St.

d

Zip

e

4. Principal Place of Business in Nebraska.  
Street (Attach List if Multiple Locations)

a

Street

c

City

c

St.

d

Zip

e

5. Type of Organization

☐ Individual

☐ Partnership

☐ Corporation

☐ Limited Liability Co.

☐ Governmental

☐ Other

6. Do you hold an exemption from Federal Income Taxes as a Non-Profit organization described under section 501 (C) (3) of the Internal Revenue Code? ☐ Yes ☐ No

If yes, please attach copy of your exemption with this report.

7. Are you an employee leasing company? ☐ Yes ☐ No

If yes, attach a list of client companies served in Nebraska

8. Federal Identification Number

9. Date you first paid wages or acquired business in Nebr.

10. Identification of Sole Proprietor, Partners, or Corporate Officers (if more than 3, please attach list)

Social Security No.

a1

Full Name

b1

Title

c1

Home Address

d1

a2

a2

c2

d2

a3

b3

c3

d3

11. Are you liable for the Payment of Federal Unemployment Taxes?  
☐ Yes ☐ No

a

b Date of First Liability

b

12. Describe the nature of your business in Nebraska.  
(Retail, Manufacturing, Service, Agriculture, Domestic, etc.)

13. Specify your principal activity. Name your principal commodity, product or service.

14. Did you acquire the business of a predecessor? ☐ Yes ☐ No If no, skip to 19

a

Name, address and phone of Predecessor:

Name (c)

Street (d)

City (e)

State (f)

Zip (g)

b If Yes, state date acquired:

Predecessor's Unemployment

Insurance account number

15. Did you acquire ALL or PART of the business of the predecessor? ☐ ALL ☐ PART  
(Acquisition of one of several locations in Nebraska is considered PART of the business.)

16. How acquired? ☐ Purchase ☐ Lease ☐ Franchise ☐ Merger ☐ Other (explain)

17. Did you acquire the organization or assets of the predecessor's business? ☐ Yes ☐ No

a

b Are you serving the same customers and/or offering the same service or product as the predecessor? ☐ Yes ☐ No

c

Please check one for a transfer of experience account.

☐ Application is hereby made for transfer of the experience account of the former ownership.

☐ We do not desire a transfer of the experience account of the former ownership.

☐ Undecided at this time. (You have 120 days from date of acquisition to make this decision)

d Will the predecessor remain in business in Nebraska? ☐ Yes ☐ No e If No, give the date of last payroll:

f

If yes, what is present Nebraska location of predecessor?

f

Street

c

City

d

State

e

Zip Code

f

Number of Employees: j

18. Did you operate a business in Nebraska prior to your acquisition? If so, indicate name, address and Unemployment Insurance Account Number.

a

Name

b

Street

c

City

d

St.

e

Zip

f